
ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST BY CREDENTIAL

GENERAL INSTRUCTIONS AND INFORMATION

APPLICATION MATERIALS

Enclosed is the application form for licensure as a psychologist by credential. Please read the enclosed materials very carefully to avoid delays in the application process because of lack of familiarity with the requirements. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- * Check or Money Order in the amount of \$350 made payable to the Arizona Board of Psychologist Examiners
- * The four page "Application For Licensure as a Psychologist by Credential" with any required supporting documentation
- * The "Mandatory Confidential Information" page (non-public information)
- * Verification of all psychology licenses ever held in other states, sent directly from the state licensure board(s)
- * Verification of at least one of the following credentials: American Board of Professional Psychology Diploma (ABPP), Certificate of Professional Qualification in Psychology (CPQ), or National Register of Health Service Providers in Psychology (NRHSPP) credential

It is the applicant's responsibility to contact his/her information sources to verify that materials have been sent, Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. The Board provides one *Notice of Deficiency* to applicants of materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8161 to check the status of his/her application file.

NOTICE TO NATIONAL REGISTER APPLICANTS

If you are applying for licensure on the basis of the National Register of Health Service Providers in Psychology credential, you must submit evidence of having practiced psychology independently at the doctoral level for a minimum of five years. This may be provided by verification of your psychology licensure in other states. You must also submit evidence of receiving a passing score of at least 70% or better on the Examination for Professional Practice in Psychology (EPPP). To be considered for waiver of the exam, you must request that your score be sent directly to the Board by the EPPP Score Transfer Service, ASPPB, P.O. Box 241245, Montgomery, AL 36124-1245, (800) 448-4069, or by the state in which you originally tested.

CONTACTING THE BOARD

Marcus Harvey, Deputy Director
Phone: (602) 542-8161
Fax: (602) 542-8279
E-mail: info@psychboard.az.gov
Internet : www.psychboard.az.gov

Mailing address:

Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix, Arizona 85007

STATUTES AND RULES

If you would like to purchase a hard copy of the Board's Statutes and Rules, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. It is also possible to download a free copy of the Statutes and Rules from the Board's website www.psychboard.az.gov.

NOTICE FOR AMERICANS WITH DISABILITIES

Title 2 of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with a disability may request a reasonable accommodation such as sign language interpreter, by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for the accommodation. These documents may be made available in alternative formats by contacting the Board.

Arizona Board of Psychologist Examiners

FEE SCHEDULE

Application	\$350*
Reapplication	\$200*

*These fees are non-refundable and must accompany the application.

Initial Licensing Fee	\$400 Prorated
<i>(\$16.67/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure)</i>	
Biennial Active Renewal Fee	\$400
Biennial Inactive Renewal Fee	\$ 50
Reinstatement Fee	\$200

Statutes and Rules	\$ 5
Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal checks or money orders submitted to and made payable to the **Arizona Board of Psychologist Examiners**.



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 235
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: info@psychboard.az.gov
www.psychboard.az.gov

Application for Licensure as a Psychologist by Credential*

I hereby apply to be licensed as a psychologist by the Arizona Board of Psychologist Examiners. Enclosed is the application fee which I understand is **nonrefundable**.

I am applying by means of the following credential: (Check only one) ABPP¹ ☐ CPQ² ☐ NRHSPP³ ☐

(Note: If you do not hold one of these credentials, you are not eligible to apply for licensure by credential. You may, instead, complete the "Psychologist Licensure Application".)

I understand that it is my responsibility to contact the organization which has issued my credential to request that verification of the credential be sent directly to the Arizona Board of Psychologist Examiners.

I understand that it is my responsibility to contact any state in which I have ever held a psychology license to request that verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners. You may contact the state directly or use the attached *Verification of State Licensure* form.

I understand that if I have earned ABPP diplomate status or a CPQ, I am exempt from the Examination for Professional Practice in Psychology (EPPP).

I understand that if I am applying for licensure on the basis of an NRHSPP credential:

- I must submit evidence of having practiced psychology independently at the doctoral level for a minimum of five years.
- I must submit evidence of receiving a passing score on the EPPP of at least 70% or better. To be considered for waiver of the exam, I understand that I must request that the EPPP Score Transfer Service, ASPPB, P. O. Box 241245, Montgomery, AL 36124-1245, (800) 448-4069, or the state in which I originally tested, send my score directly to the Board.

I understand that, if in the judgment of the Board, more information is necessary, further documented evidence may be required from me and/or my credentialing agency.

I understand that my file will be considered **open** upon the Board's receipt of my application form and fee payment. My file will not be considered **administratively complete** or ready for Board review **until all materials required by the Board are received on appropriate forms at the Board office**. Application materials are open to public inspection except for materials that are confidential by law.

I further understand that I may not list myself **as a psychologist** in Arizona telephone directories, business cards, or otherwise represent myself as a psychologist, until I have been officially notified that I have been licensed as a psychologist in Arizona.

I have ☐ have not ☐ made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date of the application and action taken by the Board: _____

Name (printed or typed) _____

Signature _____ Date: _____

(Revised 09/06)
Applications/Cred-App.doc

* Pursuant to A.R.S. § 32-2071.01(B)

¹ "ABPP" is a Diploma issued by the American Board of Professional Psychology.

² "CPQ" is a Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards.

³ "NRHSPP" is a credential granted by the National Register of Health Service Providers in Psychology.

GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

1. Full Name: _____ Date: _____
- Home Address: Please provide on the pink *Mandatory Confidential Information* form enclosed.
2. Business Address: _____
- City: _____ County: _____ State: _____ Zip Code: _____
3. Work Phone: (____) _____ - _____ Ext.: _____ Work Fax: (____) _____ - _____
4. Gender: Male ☐ Female ☐
5. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board. Home ☐ Business ☐
6. Which address would you like the Board to use as your mailing address? Home ☐ Business ☐
7. Place of Birth: _____
8. Are you or have you been licensed or certified as a psychologist in any state or Canadian province? If yes, list state(s) and license number(s): Yes ☐ No ☐

9. Have you ever taken the national examination in psychology (EPPP)? If yes, list all states and dates: Yes ☐ No ☐

- FOR QUESTIONS 10 THROUGH 22 BELOW, IF THE ANSWER IS YES, PLEASE ATTACH AN EXPLANATION AND INCLUDE DATES, IF APPLICABLE:
10. Have you made application to any other state or Canadian province that you are not licensed in? Yes ☐ No ☐
11. Are you licensed or certified in any other field or profession? Yes ☐ No ☐
12. Has any state or province ever denied or rejected your application for a professional license, certification, or registration? Yes ☐ No ☐
13. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? Yes ☐ No ☐
14. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? Yes ☐ No ☐
15. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s). Yes ☐ No ☐

16. Have you ever had membership in a professional association in the field of psychology denied or revoked? Yes ☐ No ☐
17. Are you currently under investigation for or have you been found guilty of violating a code of professional ethics or code of conduct by any professional organization or jurisdiction? Yes ☐ No ☐

18. Have you ever been sanctioned or placed on probation by any jurisdiction? Yes [____] No [____]
19. Have you been convicted of a felony or a misdemeanor other than a minor traffic offense, or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged or deleted? Yes [____] No [____]
20. Have you been sued in civil court or prosecuted in criminal court pertaining to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a particular profession in which you were not certified or licensed? Yes [____] No [____]
21. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice? Yes [____] No [____]
22. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively? Yes [____] No [____]

23. UNDERGRADUATE AND GRADUATE EDUCATION

University or College	City and State	Dates Attended	Degree and Date	Name of Department	Major Subject Area

24. Doctoral Degree: Major Advisor: _____
 Department: _____
 Title of Dissertation or Psy.D. Project: _____

25. Official title of your doctoral degree program or predoctoral specialty area:

26. List your training experiences (excluding practica):

27. Was your predoctoral internship:
- a. Approved by the American Psychological Association? Yes [____] No [____]
- b. A member of the Association of Psychology and Postdoctoral Internship Centers? Yes [____] No [____]
28. Do you agree to allow the Board to make supplemental requests for additional information if needed? Yes [____] No [____]

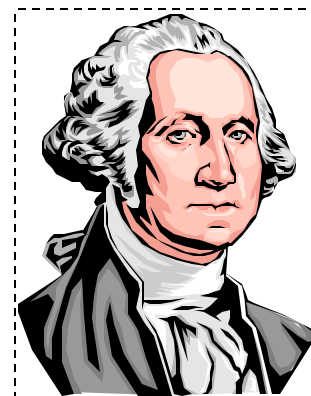
29. My areas of professional competence are: _____

30. My areas of intended professional activity in Arizona are: _____

31. If licensed, I would like my name on the license to read (include name and degree only):

32. This application shall be accompanied by:

- A. One original, un-retouched photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
- B. A Check or Money Order in the amount of \$350, made payable to the Arizona Board of Psychologist Examiners.



PHOTOGRAPH

AFFIDAVIT

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

STATE OF _____)

COUNTY OF _____)

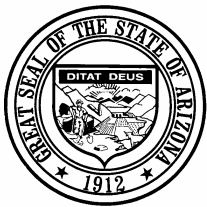
The undersigned, having appeared before me and being identified as the same individual shown in the attached photograph, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the standards of professional conduct as defined in Arizona Revised Statutes, Section 32-2061, et seq.; and the rules and regulations pertaining thereto.

Signature of Applicant

SWORN TO before me this ____ day of _____, 20 ____

Signature of Notary

My Commission Expires: _____



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 235
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VERIFICATION OF LICENSURE

APPLICANT: Complete the top section of this form (type or print). Make copies to send to each U.S. state or Canadian or province where you hold or ever have held a license. **IF A JURISDICTION REQUIRES A FEE FOR THE VERIFICATION, BE SURE TO INCLUDE THAT PAYMENT WITH THIS FORM.** Have the jurisdiction(s) send this form directly to our office.

Name (Last, first, middle, maiden)		Health Profession License Held		Social Security Number	
Address (Number, street, or / rural route)		City		State/Province	ZIP code
License number	Date of Issuance (month, day, year)			Date of Birth (month, day, year)	
I hereby authorize the State/Province of _____, to furnish the Arizona Board of Psychologist Examiners with the information below.					
Signature			Date		

APPLICANT: DO NOT WRITE BELOW THIS LINE

STATE OR PROVINCIAL BOARD: The above named psychologist has made application for licensure in the State of Arizona and has stated that he/she is or has been licensed to practice psychology in your jurisdiction. Please complete the form below and return it to the Board at your earliest convenience. **If there is a charge for this service, please contact the person listed above to request payment of any fees.**

License number/State or Province	Date of Issuance (month, day, year)		Licensed by <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	
EPPP Score (if exam was administered by your jurisdiction)	Date of Administration (month, day, year)			Please Affix Board Seal
Is license current and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is or has the license been invalid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any disciplinary information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has licensee voluntarily surrendered license while under investigation for conduct that relates to unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this licensee have a complaint, allegation or investigation pending before your board that relates to unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If license has been encumbered in any way, please provide copies of all related documents.				
FORM COMPLETED BY:				
Date		Name		
Title		Signature		

COMMENTS/NOTES: _____

Arizona Board of Psychologist Examiners

Mandatory Confidential Information

(for Board Use Only)

Name (Last, First, Middle)

Other Names Used (Last, First, Middle, Maiden)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Mailing Address (If different from above)

☐ Check here to indicate if residential address is the same as your business address

(_____) _____
Home Phone No.

Date of Birth**

(_____) _____
Home Fax No.

Social Security Number*** (Required)

E-mail Address

* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

*** A.R.S. §§ 25-320(K) and 25-502(K) MANDATES THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.

Form 1: LONG FORM APPLICANT STATEMENT (revised)
REQUIRING SUBMISSION OF DOCUMENTATION OF STATUS

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

**Professional License and Commercial License
ARIZONA BOARD OF PSYCHOLOGY EXAMINERS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) ☐ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ☐ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____.

"Qualified Alien" Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- Q** 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
Q 2. An alien who is granted asylum under Section 208 of the INA.

- Q** 3. A refugee admitted to the United States under Section 207 of the INA
- Q** 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- Q** 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- Q** 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- Q** 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- Q** 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- Q** 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- Q** 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

11/08/07

81662

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term “Service” refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;

- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the

mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

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